

Regulatory Accounting, Separations and Tariffs Division

P. O. Box 360998 San Juan, PR 00936-0998 Received & Inspected

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FCC Mail Room

July 1, 2014

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, SW Washington, D.C. 20554

RE: WC Docket No. 10-90

Compliance with FCC Rate Floor Data and Certification

Dear Ms. Dortch:

Attached, please find for Puerto Rico Telephone Company, Inc.'s Rate Floor Data and Certification.

Copies will also be provided to USAC and the Telecommunication Regulatory Board of Puerto Rico.

Please call me at 787-792-6052, if there are any questions.

Sincerely,

No. of Copies rec'd List ABODE

| FCC | Mail | Room |
|--|------|---------|
| the second named in column 2 is not the owner. | | 1100111 |

| Block 1 - Contact Information | | | | | | | |
|-------------------------------|---|--------------------------------|-------------------------------|--|--|--|--|
| ROW# DATA ELEMENT | | FORMAT OF REQUESTED DATA | RESPONSE | | | | |
| 1 | Carrier Study Area Code | 6 numeric digits | 633201 | | | | |
| 2 | Carrier Study Area Name | alpha characters | Puerto Rico Telephone Company | | | | |
| 3 | Service Provider Identification Number | 9 numeric digits | 143012431 | | | | |
| 4 | Residential Local Service Charge Effective Date | mm/dd/yyyy | 6/1/2014 | | | | |
| 5 | Contact Name | alpha characters | Inabel Gonzalez | | | | |
| 6 | Contact Telephone Number (include area code) | 9 numeric digits | 787-706-6580 | | | | |
| 7 | Sheet number | numeric digit(s) | 1 | | | | |
| 8 | Total Number of Sheets | numeric digit(s) | 1 | | | | |

Block 2 - Residential Local Service Rates, Fees, and Line Counts

| | | Block | 2 - Res | sidential Lo | ocal Service Rates | s, rees, and Li | ne Counts | | |
|----|--|---|---------|-----------------------|--|-------------------|----------------------|--|----|
| | Column 1 Residential Loca Service Charge | Column 2 State Subscriber Line Charge | State | Universal Vice Fee | Column 4 Mandatory Extended Area Service Charge | Column 5 Loops | | | |
| 9 | \$ 23.0 | 5 | \$ | 0.12 | | | | | |
| 10 | \$ 21.05 | 5 | \$ | 0.11 | | | | | 77 |
| 11 | \$ 19.35 | | \$ | 0.10 | | | | 197 | |
| 12 | \$ 17.3 | 5 | \$ | 0.09 | | | | | |
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

| Seruncation of Officer as to the Accuracy of the | the Data Reported for the Rate Floor Data |
|---|--|
| I certify that I am an officer of the reporting carrier; my responsibilities reported; and, to the best of my knowledge, the information reported of same of Reporting Carrier. Puerto Rico Telephone Company | include ensuring the accuracy of the actual rate floor data n this form is accurate. |
| signature of authorized office | Date 7 / 1 / 2014 |
| Printed name of authorized officer Juan M. Zarpan | |
| Title or position of authorized officer Controller | 110000000000000000000000000000000000000 |
| | |
| elephone number of authorized officer: (787) 706-6584 , ext. | |



Rate Floor Data

| -12/5/6 | N. A. T. C. | | | | B Control Number 3060-0986 | S. AL |
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| Block | - Contact Inform | ation | | | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| ROW# | DATA ELEMENT | | | FORMAT OF REQUESTED DATA | RESPONSE | |
| 1 | Carrier Study Area Code | | | 6 numeric digits | 633200 | |
| 2 | | | | alpha characters | Puerto Rico Telephone Company - C | entra |
| 3 | | | | 9 numeric digits | 143002711 | |
| 4 | Residential Local Service Charge Effective Date | | | mm/dd/yyyy | 6/1/2014 | |
| 5 | Contact Name | | | alpha characters | Inabel Gonzalez | |
| 6 | Contact Telephone | Number (include ar | ea code) | 9 numeric digits | 787-706-6580 | |
| 7 | Sheet number | | | numeric digit(s) | 1 | |
| 8 | Total Number of Sh | eets | | numeric digit(s) | 1 | |
| | Column 1 | Block Column 2 | 2 - Residential L | ocal Service Rate | es, Fees, and Line Counts Column 5 | 16 |
| | Residential Local Service Charge | State Subscriber Line Charge | State Universal Service Fee | Mandatory Extended Area Service Charge | Loops | |
| 9 | \$ 23.05 | | \$ 0.12 | | | |
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TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING RATE FLOOR DATA ON ITS OWN BEHALF:

| Certification | of Officer as to | the Accuracy of the Data Reported | d for the Rate Fl | oor Data |
|---|------------------|--|-------------------|-----------------------|
| reported; and, to the best of my | | my responsibilities include ensuring the formation reported on this form is accura | | ctual rate floor data |
| Signature of authorized officer | Z. | Van I | | Date 7/1/2014 |
| | an M. Zarpan | A STATE OF THE PARTY OF THE PAR | | 10000 |
| Title or position of authorized officer | Controller / | | | |
| | | ave | | |
| Telephone number of authorized officer: | (787) 706-6584 | . exc | | |

